

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF MENTAL HEALTH

Audit Trail Response Letter

Date: _____

Name: _____

Address: _____

Dear _____:

I am responding to your request for a list of certain disclosures of your Protected Health Information (PHI). (Attach copy of the request.)

q The requested list is enclosed. There is no charge, because this is the first list you have received in the past 12 months.

q The requested list is ready. Please call me at the telephone number below to arrange for pick up.

q There is a fee of \$_____ for the list you have requested. This is the _____ list you have received in the past 12 months. Please make your check or money order payable to the Commonwealth of Massachusetts, and send to: _____

_____.
Upon receipt of your check or money order, the list will be mailed to you or made available for pick up.

q The requested list cannot be provided to you within the 60 days of receiving your request because_____.
It will be provided to you by _____. (This date cannot exceed 90 days from the date the request was received.)

q Other: _____

Please call me at the telephone number given below if you have questions.

Sincerely,

Signature

Printed name

Title

Telephone number